

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	SRX 110
	First Inventor or Application Identifier	Judith Fitzpatrick
	Title	METHOD AND DEVICE FOR DETECTION OF LDL HDL AND THE RATIO THEREOF IN SALIVA
	Express Mail Label No.	EL 320 554 639 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 26] - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7] 4. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Unexecuted b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS

7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
9. <input type="checkbox"/> English Translation Document (if applicable)
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
11. <input type="checkbox"/> Preliminary Amendment
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
13. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. <input checked="" type="checkbox"/> Other: Check for \$345.00

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
Name	Patrea L. Pabst Arnall Golden & Gregory, LLP	
Address	2800 One Atlantic Center 1201 West Peachtree Street	
City	Atlanta	State GA Zip Code 30309-3450
Country	United States	Telephone (404) 873-8794 Fax (404) 873-8795

Name (Print/Type)	Patrea L. Pabst	Registration No. (Attorney/Agent)	31,284
Signature		Date	March 16, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) 690.00		Application Number	
		Filing Date March 16, 2000	
		First Named Inventor Judith Fitzpatrick	
		Examiner Name	
		Group / Art Unit	
		Attorney Docket No. SRX 110	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 01-2507</p> <p>Deposit Account Name Arnall Golden & Gregory, LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p>	<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Small Entity Fee Code</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - 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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Patrea L. Pabst			Reg. Number	31,284
Signature		Date	03/16/00	Deposit Account User ID	01-2507

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Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	SRX 110
	First Named Inventor	Judith Fitzpatrick
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	March 16, 2000
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND DEVICE FOR DETECTION OF APO A, APO B
AND THE RATIO THEREOF IN SALIVA**

the specification of which *(Title of the Invention)*

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/124,562	March 16, 1999

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

SRX 110

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Judith Fitzpatrick, Regina B. Lenda and Christopher L. Jones

Serial No.: Express Mail Label No.: EL 320 554 639 US

Filed: March 16, 2000 Date of Deposit March 16, 2000

For: METHOD AND DEVICE FOR DETECTION OF APO A, APO B
AND THE RATIO THEREOF IN SALIVA

Assistant Commissioner
for Patents
Washington, D.C. 20231

**EXPRESS MAIL TRANSMITTAL LETTER
FOR PATENT APPLICATION AND CERTIFICATE OF MAILING**

Sir:

Pursuant to 35 U.S.C. § 21(a) as amended by Public Law 97-247 and 37 C.F.R. § 1.10, Judith Fitzpatrick and Regina B. Lenda enclose for filing the attached patent application entitled "*METHOD AND DEVICE FOR DETECTION OF APO A, APO B AND THE RATIO THEREOF IN SALIVA*", which claims priority to U.S.S.N. 60/124,562 filed March 16, 1999. The application includes 1 page of Abstract, 23 pages of specification, 2 pages of claims, 7 sheets of informal drawings, and an unexecuted Declaration. An executed Declaration, Assignment to Serex, Inc. and A Verified Statement Claiming Small Entity Status will be submitted shortly. A check in the amount of \$345.00 to cover one half of the filing fee is enclosed.

The Commissioner is hereby authorized to charge our deposit order account no. 01-2507 in the amount of \$345.00, which represents the difference between the filing fee for a large entity and small entity.

"Method and Device for Detection of APO A, APO B and the Ratio Thereof in Saliva"
Filed March 16, 2000
Express Mail Transmittal Letter for
Patent Application and Certificate of Mailing
Express Mail Label No. EL 320 554 639 US

This application is being filed on March 16, 2000 by mailing the application to the Assistant Commissioner for Patents, Washington, D.C. 20231 via the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10. The Express Mail label number appears in the heading of this paper which is attached to the application papers pursuant to 37 C.F.R. § 1.10(b).

The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Order Account No. 01-2507. To facilitate this process, applicants have enclosed a duplicate of this letter.

All correspondence concerning this application should be mailed to:

Patrea L. Pabst, Esq.
ARNALL GOLDEN & GREGORY, LLP
2800 One Atlantic Center
1201 West Peachtree Street
Atlanta, Georgia 30309-3450

Respectfully submitted,



Patrea L. Pabst
Reg. No. 31,284

Date: March 16, 2000

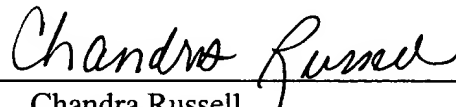
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"Method and Device for Detection of APO A, APO B and the Ratio Thereof in Saliva"
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Date: March 16, 2000


Chandra Russell